STATE OF MISSOURI
DEPARTMENT OF INSURANCE
CONSUMER SERVICES

CONSUMER COMPLAINT REPORT

COMPLAINT AGAINST (ONE OR MORE)
☐ INSURANCE COMPANY ☐ AGENT/PRODUCER
☐ PUBLIC ADJUSTER ☐ BAIL BOND AGENT

INSTRUCTIONS

PLEASE COMPLETE ALL ITEMS BELOW AND ENCLOSE COPIES OF ANY CORRESPONDENCE OR OTHER PAPERS WHICH YOU FEEL WOULD HELP THE INVESTIGATION OF YOUR COMPLAINT. SIGN AND DATE AT THE BOTTOM. **A COPY OF THIS FORM AND ANY OR ALL OF THE ENCLOSED INFORMATION MAY BE SENT TO THE PARTY COMPLAINED AGAINST.** SEND COMPLETED FORM ALONG WITH ANY ATTACHMENTS TO THE OFFICE NEAREST YOU:

JEFFERSON CITY OFFICE:
P.O. BOX 690
JEFFERSON CITY, MISSOURI 65102-0690
(573) 751-2640
(800) 726-7390
(573) 526-4536 TDD

ST. LOUIS OFFICE
WAINWRIGHT BUILDING
111 NORTH 7TH STREET, ROOM 229
ST. LOUIS, MISSOURI 63101-2176
(314) 340-6830

KANSAS CITY OFFICE:
KANSAS CITY STATE OFFICE BUILDIING
615 EAST 13TH STREET, ROOM 510
KANSAS CITY, MISSOURI 64106-2829
(816) 889-2381

PLEASE PRINT, TYPE OR WRITE CLEARLY IN BLACK OR BLUE INK

1. NAME OF COMPLAINANT (LAST) (FIRST) (MI) | SOCIAL SECURITY NUMBER
☐ MR
☐ MS

MAILING ADDRESS (STREET) (CITY) (STATE) (ZIP CODE)

TELEPHONE NUMBER (HOME) (WORK)

2. NAME OF INSURED (IF SAME INDICATE SAME) | 2A EMPLOYER NAME (IF GROUP POLICY)

MAILING ADDRESS (STREET) (CITY) (STATE) (ZIP CODE)

3. WHO IS COMPLAINT AGAINST? (NAME OF COMPANY, BROKER, AGENT, PRODUCER, AGENCY, PUBLIC ADJUSTER OR BAIL BOND AGENT)

ADDRESS, IF KNOWN (STREET) (CITY) (STATE) (ZIP CODE)

4. GROUP NUMBER (OR)	POLICY NUMBER	DATE OF ISSUE
ID NUMBER	CERTIFICATE NUMBER	DATE OF ISSUE
CLAIM NUMBER	AGENT NAME (IF APPLICABLE)	DATE OF LOSS

5. TYPE OF POLICY (CHECK ONE)

☐ INDIVIDUAL LIFE ☐ INDIVIDUAL HEALTH ☐ PRIVATE AUTO ☐ RENTERS ☐ DISABILITY
☐ GROUP LIFE ☐ GROUP HEALTH ☐ COMMERCIAL AUTO ☐ HOMEOWNERS ☐ WORKERS COMPENSATION
☐ ANNUITY ☐ MED SUPPLEMENT - SPECIFY PLAN A THRU J _____ ☐ MOBILE HOMEOWNERS ☐ OTHER (SPECIFY) ►

6. REASON FOR COMPLAINT (CHECK ONE)

☐ CLAIM PROBLEM ☐ NONRENEW/ CANCELLATION ☐ SALES PROBLEM ☐ PREMIUM PROBLEM ☐ POLICY PROBLEM ☐ OTHER (SPECIFY) ►

DETAILS OF COMPLAINT (USE A SEPARATE SHEET AND ATTACH IF NECESSARY)

WHAT SPECIFIC RESULTS DO YOU DESIRE?

All non-confidential material in this file will become a public record under Missouri's Sunshine Laws (Sections 610.010 to 610.035 RSMo) at the conclusion of the investigation. This means some of the information you or your insurer provides to us **may** be disclosed to other, if it is not protected from disclosure by Missouri or federal law.

I HEREBY AUTHORIZE THE INSUROR TO RELEASE MY MEDICAL RECORDS TO THE DEPARTMENT OF INSURANCE IF RELEVANT.

SIGNATURE OF COMPLAINANT | DATE ►